State of Maryland Judiciary  ALTERNATIVE WORK SCHEDULES  Request Form											
Name					Date						
Department					Location						
Job Title	Sta	tus		] Exe	kempt						
Manager	Dat	Date request submitted to manager									
ALTERNATIVE WORK SCHEDULE OPTIONS (Select only one option)  All employees must be present at work during the core hours of 9:00 a.m 3:30 p.m.  employees may not schedule arrival time before 7:00 a.m. nor schedule a departure time later than 6:00 p.m.											
Compressed Work Schedules											
Available to all employees	Ava	Available to exempt employees only									
4 ten-hour days = 40 hrs.			9/80: 1st Week: 4 nine-hour days + 1 eight-hour day								
4 nine-hour days $+ 1$ four-hour day $= 40$ hrs.			2nd Week: 4 nine-hour days + 1 day off								
Fixed Flex-Time Schedule  Available to all employees  Start Time: End Time:											
Describe your current schedule and the hours. List the hours worked, e.g. 8:00 to 5:00			Describe your requested AWS and hours.  Remember your unpaid lunch time (enter ½ hour to 1 hour)								
Current Work Schedule			Requested Alternative Work Schedule								
Work Week Wed Thu Fri Sat Sun Mon T Hours	ue We	eek	Wed	Thu	Fri	Sat	Sun	Mon	Tue		
Wk. 1 Hours	Wl Ho	τ. 1									
Wk. 2	Wk										
How will your proposed schedule sustain or enhance your ability to get the job done?											
What potential barriers could your changed schedule raise with the following:											
External Customers											
Internal Customers											
Co-Workers											
Manager/Supervisor											

How do you suggest overcoming any challenges with the	nese groups?				
Describe any additional equipment/expense that your A	WS might require.				
Detail any short or long-term cost savings that might re	sult from your new schedule to offset these expenses.				
What measurement would you propose for you and you requested AWS?	r manager to asses your performance under the				
What review process with your manager do you propos your requested AWS?	e for constructive monitoring and improvement under				
I understand that I may voluntarily change my AWS op provisions.	tion on a quarterly basis in accordance with policy				
Further, I understand that my AWS may be revoked at a deficiencies in my performance, conduct or attendance.	any time for abusing the privileges of the program or for				
Employee's Signature	Date				
PART II: To be completed by Manager					
Request for Alternative	Work Schedule Option:				
☐ Approved	☐ Declined (Provide detailed explanation)				
Effective Date					
Expiration Date					
Manager's Signature	Date				
Clerk of Court/AOC Unit Director's Signature	Date				
Copy of this form sent to AOC Human Resources on _	Date				